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Based on PTO/SB/05

OMB 0651-0032

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## UTILITY **PATENT APPLICATION TRANSMITTAL**

KATSUMATA et al First Inventor or Application Identifier 8. P SEMICONDUCTOR PRESSURE SENSOR

01-572

(Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b))

Express Mail Label No.

Attomey Docket No.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Commissioner for Patents  ADDRESS TO: Mail Stop Patent Application Alexandria, VA 22313-1450						
* Fee Transmittal Form (e.g., PTO/SB/17)     (Submit an original and a duplicate for fee processing)      * Specification	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies						
-Summary of the Invention -Brief Description of the Drawings	ACCOMPANYING APPLICATION PARTS  7. X Assignment Papers (cover sheet & document(s))						
-Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure  3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 3 ]  4. Oath or Declaration [Total Sheets 4 ]  a. X Newly executed (original or copy)  b. Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).  **NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION is RELIED UPON (37 C.F.R. § 1.28)	Assignee: DENSO CORPORATION  37 C.F.R.§ 3.73(b) Statement (when there is an assignee)  9. English Translation Document (if applicable)  10. X Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations  11. Preliminary Amendment  12. X Return Receipt Postcard (MPEP 503) (should be specifically itemized)  *Small Entity Statement(s) (PTO/SB/09-12) Status still proper and desired  14. X Certified Copy of Priority Document(s) (if foreign priority is claimed)  15. Other:						
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  Continuation Divisional Continuation-in-part (CIP) of prior application No:  Prior application information: Examiner Group/Art Unit:  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
17. CORRESPONDENCE ADDRESS  ☑ Customer Number or Bar Code Label  23400  or ☐ Correspondence address below							
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Name (Print/type) DAVID G. POSZ Signature	Registration No. (Attorney/Agent) 37,701  Date March 4, 2004						

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March 4, 2004

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F	EE	TR	AN	SM	IT	TAL
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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant	Claims	small	entity	status.	See 37	CFR	1.27
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TOTAL AMOUNT OF PAYMENT 10

Signature

\$)	81	0

Complete if Known						
Application Number						
Filing Date	March 4, 2004					
First Named Inventor	KATSUMATA et al.					
Examiner Name						
Art Unit	·					
Attorney Docket No.	01-572					

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
X Check Credit card Money Other None		Large	ADDITIO	Small	Entity				
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X Charge any additional fee(s) during the pendency of this application		1804	920*	1804	2,520 920*	For filing a request for Requesting publication			
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FEE CALCULATION		1251	110	2251	55	Extension for reply wit	hin first month		
1. BASIC FILING FEE		1252	420	2252	210	Extension for reply wit	hin second mon	nth	
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1002 340 2002 170 Design filing fee	┨╟	1401	330	2401	165	Notice of Appeal		<del>                                     </del>	-
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1004 770 2004 385 Reissue filing fee	- 1	1403	290	2403	145	Request for oral hearing	• •	<del>                                     </del>	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1,330	2501	665	Utility issue fee (or reis		<del> </del>	
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1203 290 2203 145 Multiple dependent claim, if not p		1801	770	2801	385	Request for Continued I	Examination (RC	E)	
1204 86 2204 43 **Reissue independent claims over original patent		1802	900	1802	900	Request for expedited of a design application			
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** or number previously paid, if greater, For Reissues, see above	_	*Redu	ced by Bas	ic Filing I	Fee Paid	SUBTOT	AL (3)	(\$) 40	
SUBMITTED BY									=
SOLIMITIED BY			gistration I	·-			Complete (if a	applicable)	
Name (Print/Type) DAVID G. POSZ	_		ttorney/Age		37,70	01	Telephone	(703) 707-9110	

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